

<i>SERFF Tracking Number:</i>	<i>DENV-125855202</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Security Life of Denver Insurance Company</i>	<i>State Tracking Number:</i>	<i>41055</i>
<i>Company Tracking Number:</i>	<i>1311</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.203 Specified Age or Duration - Single Premium - Single Life</i>
<i>Product Name:</i>	<i>1311 One Year Term Insurance Policy</i>		
<i>Project Name/Number:</i>	<i>1311/1311</i>		

Filing at a Glance

Company: Security Life of Denver Insurance Company

Product Name: 1311 One Year Term Insurance SERFF Tr Num: DENV-125855202 State: ArkansasLH
Policy

TOI: L04I Individual Life - Term	SERFF Status: Closed	State Tr Num: 41055
Sub-TOI: L04I.203 Specified Age or Duration - Single Premium - Single Life	Co Tr Num: 1311	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird

Authors: Wendy Paquin, Terry Stumpf, DeDe Williams, Jackie Williams, EDS EDSSupport, Laura Sampair, Anngharaad Reid	Disposition Date: 12/17/2008
Date Submitted: 12/08/2008	Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 1311
Project Number: 1311
Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Authorized
Date Approved in Domicile:
Domicile Status Comments: We are exempt from filing in Colorado, our state of domicile, pursuant to Colorado Bulletin B-4.1 (May 8, 2007).

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Market Type: Individual
Group Market Size:
Group Market Type:

Filing Status Changed: 12/17/2008
State Status Changed: 12/17/2008
Corresponding Filing Tracking Number:

Deemer Date:

SERFF Tracking Number: DENV-125855202 *State:* Arkansas
Filing Company: Security Life of Denver Insurance Company *State Tracking Number:* 41055
Company Tracking Number: 1311
TOI: L04I Individual Life - Term *Sub-TOI:* L04I.203 Specified Age or Duration - Single
Premium - Single Life
Product Name: 1311 One Year Term Insurance Policy
Project Name/Number: 1311/1311

Filing Description:
December 8, 2008

Insurance Commissioner
Department of Insurance
Compliance Life & Health
1200 West Third Street
Little Rock, Arkansas 72201-1904

Re: Security Life of Denver Insurance Company
NAIC #68713 FEIN #84-0499703

Form Numbers

1311-01/09 One Year Non-Renewable Term Life Insurance Policy with Exchange Option to Age 70
E-1433-01/09 Unisex Endorsement

Attention Policy Form Approval Division:

We submit the above referenced forms for your review and approval. The forms do not replace any previously approved forms. The forms do not contain any unusual or controversial items from the standpoint of industry standards.

We are exempt from filing in Colorado, our state of domicile, pursuant to Colorado Bulletin B-4.1 (May 8, 2007).

The information bracketed in the forms is subject to change.

The policy form is an Individual One Year Non-Renewable Term Life Insurance Policy with Exchange Option to Age 70 designed to provide a benefit payable at the death of the Insured. The product will be available for temporary coverage for individuals who want to cover a short-term debt or plan to convert their policies within a year of issue. The annual premium for the policy is payable in advance. The policy may be exchanged for a permanent life insurance policy issued by the company under an exchange option as stated within the policy. We will not illustrate the policy.

SERFF Tracking Number: DENV-125855202 *State:* Arkansas
Filing Company: Security Life of Denver Insurance Company *State Tracking Number:* 41055
Company Tracking Number: 1311
TOI: L04I Individual Life - Term *Sub-TOI:* L04I.203 Specified Age or Duration - Single
Premium - Single Life
Product Name: 1311 One Year Term Insurance Policy
Project Name/Number: 1311/1311

The product will be marketed by our licensed agents to individuals.

The policy will be offered on a sex distinct and unisex basis. The unisex version will only be used in situations where sex neutral benefits are required to comply with the United States Supreme Court decision in Arizona Governing Committee v. Norris.

The following previously approved form(s) will be marketed with the submitted policy form (approval date(s) provided):

135400 - Application for Life Insurance - 8/1/05

We have enclosed per your requirements the Flesch Readability Certification and Actuarial Memorandum(s).

The Unisex Endorsement will be attached to the policy when it is issued on a unisex basis in Norris situations only.

Unless otherwise informed, we reserve the right to alter the layout of the enclosed forms, including sequential ordering of the sections, color, and type font and size, and any changes necessary to comply with your state requirements, but we will only do so if such changes are within the allowable parameters or requirements set forth in your statutes.

To the best of our knowledge, the forms comply with the laws and regulations of the insurance department of your state.

Sincerely,

Wendy Paquin, FLMI, CLU
Senior Contract Analyst
(612) 342-3595
(612) 342-7531 (fax)
wendy.paquin@us.ing.com

SERFF Tracking Number: DENV-125855202 State: Arkansas

Filing Company: Security Life of Denver Insurance Company State Tracking Number: 41055

Company Tracking Number: 1311

TOI: L041 Individual Life - Term Sub-TOI: L041.203 Specified Age or Duration - Single Premium - Single Life

Product Name: 1311 One Year Term Insurance Policy

Project Name/Number: 1311/1311

Company and Contact

Filing Contact Information

Wendy Paquin, Senior Contract Analyst wendy.paquin@us.ing.com
 Route 1217 (612) 342-3595 [Phone]
 Minneapolis, MN 55401 (612) 342-7531[FAX]

Filing Company Information

Security Life of Denver Insurance Company	CoCode: 68713	State of Domicile: Colorado
1290 Broadway	Group Code: 229	Company Type: Life Insurance
Denver, CO 80203-5699	Group Name:	State ID Number:
(303) 860-2144 ext. [Phone]	FEIN Number: 84-0499703	

Filing Fees

Fee Required? Yes

Fee Amount: \$100.00

Retaliatory? No

Fee Explanation: 2 forms @ \$50 per form = \$100

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Security Life of Denver Insurance Company	\$100.00	12/08/2008	24381041

<i>SERFF Tracking Number:</i>	<i>DENV-125855202</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Security Life of Denver Insurance Company</i>	<i>State Tracking Number:</i>	<i>41055</i>
<i>Company Tracking Number:</i>	<i>1311</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.203 Specified Age or Duration - Single Premium - Single Life</i>
<i>Product Name:</i>	<i>1311 One Year Term Insurance Policy</i>		
<i>Project Name/Number:</i>	<i>1311/1311</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	12/17/2008	12/17/2008

<i>SERFF Tracking Number:</i>	<i>DENV-125855202</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Security Life of Denver Insurance Company</i>	<i>State Tracking Number:</i>	<i>41055</i>
<i>Company Tracking Number:</i>	<i>1311</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.203 Specified Age or Duration - Single Premium - Single Life</i>
<i>Product Name:</i>	<i>1311 One Year Term Insurance Policy</i>		
<i>Project Name/Number:</i>	<i>1311/1311</i>		

Disposition

Disposition Date: 12/17/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: DENV-125855202 State: Arkansas

Filing Company: Security Life of Denver Insurance Company State Tracking Number: 41055

Company Tracking Number: 1311

TOI: L041 Individual Life - Term Sub-TOI: L041.203 Specified Age or Duration - Single Premium - Single Life

Product Name: 1311 One Year Term Insurance Policy

Project Name/Number: 1311/1311

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	One Year Non-Renwable Term Life Insurance Policy		Yes
Form	Unisex Endorsement		Yes

SERFF Tracking Number: DENV-125855202 State: Arkansas

Filing Company: Security Life of Denver Insurance Company State Tracking Number: 41055

Company Tracking Number: 1311

TOI: L041 Individual Life - Term Sub-TOI: L041.203 Specified Age or Duration - Single Premium - Single Life

Product Name: 1311 One Year Term Insurance Policy

Project Name/Number: 1311/1311

Form Schedule

Lead Form Number: 1311-01/09

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	1311-01/09	Policy/Cont	One Year Non-ract/Fratern Renwable Term Life al Insurance Policy Certificate	Initial		50	1311 AR.pdf
	E-1433-01/09	Policy/Cont	Unisex Endorsement Initial ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50	E-1433 Unisex Endorsement Basic.pdf

**SECURITY LIFE OF DENVER INSURANCE COMPANY
A STOCK COMPANY**

INSURED: [JOHN DOE]
POLICY DATE: [February 6, 2009]
POLICY NUMBER: [67000001]


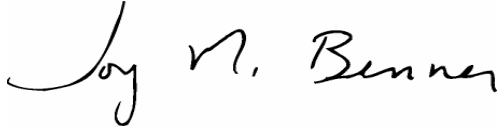
WE AGREE TO PAY the Death Proceeds to the beneficiary if the Insured dies while your policy is in force, subject to your policy provisions.

WE ALSO AGREE to provide the other rights and benefits of your policy, subject to its provisions.

PLEASE READ YOUR POLICY CAREFULLY

RIGHT TO EXAMINE PERIOD. You have the right to examine and return your policy. You may return it by mail or other delivery to the agent who sold it to you or to the ING Customer Service Center within 30 days after you receive it. It will then be void from the beginning as if no policy had been issued. Once you have returned your policy during the Right to Examine Period, we will refund all premium paid, including any fees or charges.

Your policy is signed for Security Life of Denver Insurance Company by:

 Donald W. Britton President	 Joy M. Benner Secretary
---------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------

In your policy, "you" and "your" refer to the Owner of your policy; "we," "us" and "our" refer to Security Life of Denver Insurance Company.

**YOUR POLICY IS A ONE YEAR NON-RENEWABLE TERM LIFE INSURANCE POLICY, WITH AN
EXCHANGE OPTION TO AGE 70.
YOUR POLICY IS NONPARTICIPATING AND IS NOT ELIGIBLE FOR DIVIDENDS.**

The Death Proceeds are payable if the Insured dies while your policy is in force. You should give us notice of the Insured's death when it occurs.

SECURITY LIFE OF DENVER INSURANCE COMPANY

**Home Office
Denver, Colorado**

ING Customer Service Center
P.O. Box 5065
Minot, North Dakota 58702-5065
Toll Free Number: 1-877-253-5050

TABLE OF CONTENTS

SCHEDULE	3
TERMS TO UNDERSTAND	4
INSURANCE COVERAGE PROVISIONS.....	5
POLICY DATES AND PERIODS	5
Policy Date	5
Ending Date	5
Right to Examine Period	5
DEATH BENEFIT PROVISIONS.....	5
Face Amount.....	5
Death Proceeds	5
PREMIUM PROVISIONS	6
GENERAL POLICY PROVISIONS.....	6
YOUR POLICY	6
EXCHANGE OPTION.....	6
NOTICE AND PROCEDURES	7
AGE	7
INSURED	7
OWNERS	7
BENEFICIARIES	8
ASSIGNMENT	8
INCONTESTABILITY	8
MISSTATEMENT OF AGE OR GENDER.....	8
SUICIDE EXCLUSION	8
TERMINATION	8
ING CUSTOMER SERVICE CENTER.....	9
GRACE PERIOD	9
REINSTATEMENT	9
RENEWABILITY	9
SETTLEMENT OPTIONS PROVISIONS	10
SETTLEMENT OPTION SELECTION	10
SETTLEMENT OPTIONS.....	10
SETTLEMENT OPTION CHANGES AND WITHDRAWALS	10
SETTLEMENT OPTION EXCESS INTEREST	11
SETTLEMENT OPTION MINIMUM AMOUNTS.....	11
SUPPLEMENTARY POLICY	11
INCOME PROTECTION.....	11
DEATH OF PRIMARY PAYEE	11
PAYMENTS OTHER THAN MONTHLY.....	11
SETTLEMENT OPTION TABLES	12

SCHEDULE

POLICY NUMBER	[67000001]
POLICY DATE	[February 6, 2009]
ISSUE DATE	[February 6, 2009]
ENDING DATE	[February 6, 2010]
OWNER	[JOHN DOE]
INSURED	[JOHN DOE]
AGE/GENDER	[35 MALE]
RISK CLASS	STANDARD
FACE AMOUNT	[\$50,000]
ANNUAL PREMIUM	[\$18.50]
POLICY FEE	[\$100.00]
TOTAL INITIAL PREMIUM	[\$118.50]

TERMS TO UNDERSTAND

This section identifies some of the important terms that are used throughout your policy and that have special meaning. It is a reference to where we have defined and more fully discussed these terms.

Age: For details, see the Age section on page 7

Death Proceeds and Face Amount: For details, see the Death Benefit Provisions section on page 5

Ending Date: For details, see the Policy Dates and Periods section on page 5

ING Customer Service Center: For details, see the ING Customer Service Center section on page 9

Insured: For details, see the Insured section on page 7

Owner: For details, see the Owners section on page 7

Policy Date: For details, see the Policy Dates and Periods section on page 5

Policy Fee: For details, see the Premium Provisions section page 6

Right to Examine Period: For details, see the Policy Dates and Periods section on page 5

Total Initial Premium: For details, see the Premium Provisions section on page 6

INSURANCE COVERAGE PROVISIONS

POLICY DATES AND PERIODS

Policy Date

We show the Policy Date in your Schedule. It is the date from which we measure policy months and the policy Ending Date.

The Policy Date is the effective date for all coverage provided under the policy. No coverage may take effect under your policy unless we receive the amount of premium required for coverage to begin under your policy and there has been no change in the insurability of the person proposed for insurance from the date of your policy application to the date we receive this required premium.

Ending Date

We show the Ending Date in your Schedule. It is the date on which all coverage provided under the policy ends, unless you terminate your policy earlier than this date.

Right to Examine Period

The Right to Examine Period is the number of days after delivery of your policy during which you have the right to examine your policy and return it for a refund. For details, see the Cover Page.

DEATH BENEFIT PROVISIONS

Face Amount

We show the Face Amount in your Schedule. It is the amount of insurance coverage provided under your policy.

Death Proceeds

Death Proceeds is the amount we pay at the Insured's death. It equals:

- a. The Face Amount as of the date of the Insured's death; plus
- b. A pro rata portion of any premium paid beyond the policy month of the Insured's death, with interest.

We will pay the Death Proceeds within 7 days of when we receive due proof of the death claim. Due proof of the death claim means we have received:

- a. Due proof of the Insured's death;
- b. Sufficient information to determine the identity of the legally entitled beneficiaries; and
- c. Sufficient evidence that any legal impediments to payment that depend on parties other than us are resolved. Such legal impediments include, but are not limited to, the establishment of guardianships and conservatorships, the appointment and qualification of trustees, executors and administrators and our receipt of information required to satisfy state and federal reporting requirements.

Any Death Proceeds we pay are subject to adjustments as provided in the Misstatement of Age or Gender, Suicide Exclusion and Incontestability sections. We will pay the Death Proceeds in one lump sum unless you request an alternate method of payment. We describe other available payout methods in the Settlement Options Provisions section.

We will pay interest on the lump sum Death Proceeds from the date of the Insured's death to the date of payment. We will compute interest at a rate required by law from the date of death to the date the proceeds are paid.

PREMIUM PROVISIONS

The Total Initial Premium is the amount we charge for your insurance coverage under your policy. The Total Initial Premium includes a Policy Fee and is shown in your Schedule. It is due on the Policy Date. If you cancel your policy before the Ending Date, we will refund any unearned premium, including a pro rata portion of the Policy Fee.

GENERAL POLICY PROVISIONS

YOUR POLICY

Your policy, including a copy of your application and any Schedules, amendments and endorsements make up your entire policy between you and us. We will attach a copy of your original application to your policy at issue. In the absence of fraud, we will consider all statements made in your application as representations and not warranties. No statement will be used to deny a claim unless it is in an application that is made part of your policy.

Both our president or another officer, and our secretary or assistant secretary must sign all changes to your policy. No other person can change any of your policy's terms and conditions.

Your policy does not participate in our surplus earnings.

EXCHANGE OPTION

Subject to the conditions described below, your policy may be exchanged for a new permanent policy which is acceptable to us at the time of the exchange. Your written request for exchange must be made in advance.

If you do not exchange your policy, it will continue to provide term coverage to the Ending Date.

Evidence of insurability is not required to exercise this exchange option. The conditions on which you may exercise this option are:

- a. Your policy may be exchanged on or before the Ending Date provided the Insured is less than Age 70;
- b. The Face Amount of the new policy may not exceed the Face Amount of your policy on the effective date of the exchange;
- c. The Face Amount of the new policy may not be less than the minimum required for the policy selected. At least one policy will always be available in an amount to which your policy may be exchanged;
- d. The new policy will be in the same premium class as your policy if available at the time of the exchange, otherwise, in the most comparable class available at the time. The premium will be based on rates in effect for the Age, gender and premium class of the Insured at the time of the exchange;
- e. The new policy will have a policy date and issue Age corresponding to the effective date of the exchange; and
- f. The effective date of the exchange is the date we receive your application accompanied by the initial premium for the new policy.

The suicide and incontestability periods in any new policy which is issued pursuant to the exercise of this exchange option will be measured from the Issue Date of this policy, except for either or both of the following conditions:

- a. The new policy contains new benefits not contained in your policy; or
- b. There is an increase in the death benefit under the new policy.

In such cases the suicide and incontestability provisions of the new policy will be applicable to the new benefits and/or increase in death benefit as of the issue date of the new policy.

NOTICE AND PROCEDURES

You should send any notice to our Customer Service Center. We may require a return of your policy or proof of your lost policy for the termination of your policy. We are not liable for any action we take before we receive and record your written notification at our Customer Service Center.

In the event of the death of the Insured, please let us know as soon as possible. Once we receive notification of the Insured's death, we will promptly send claim filing instructions to you or the beneficiary. We may require proof of Age and a certified copy of the death certificate. We may require the beneficiary and next of kin to sign authorizations as part of due proof of the death claim. These authorization forms allow us to obtain information about the decedent, including, but not limited to, medical records of physicians and hospitals used by the decedent.

AGE

Age is the age of the Insured on his or her birthday nearest the Policy Date. We issue your policy at the Age shown in your Schedule.

INSURED

The Insured is the person whose life is insured by your policy. The Insured's name is shown in your Schedule and the Insured may or may not be the Owner of your policy.

OWNERS

The original Owner is the person or entity named as the Owner in your application. You, as the Owner, can exercise all rights and receive the benefits until the Insured's death. This includes the right to change the Owner, beneficiaries and methods for the payment of Death Proceeds. All rights of the Owner are subject to the rights of any assignee and any irrevocable beneficiary.

You may name a new Owner by sending us notice. Unless you state otherwise, the new owner designation will take effect on the date you sign the notice, subject to any payment made or actions taken prior to receipt of your notice at our Customer Service Center.

BENEFICIARIES

Your beneficiary designation will be on file with us or at a location designated by us. Until the Insured's death, you may name a new beneficiary by sending us notice. An irrevocable beneficiary cannot be changed without the consent of the irrevocable beneficiary. Unless you state otherwise, the new beneficiary designation will take effect on the date you sign the notice, subject to any payments or actions we take prior to receipt of your notice at our Customer Service Center. We will pay Death Proceeds to the beneficiaries listed on your most recent beneficiary designation and we will not be subject to multiple payments.

We will pay the Death Proceeds to the primary beneficiary or beneficiaries surviving the Insured's death. If no primary beneficiaries survive the Insured's death, we will pay the surviving contingent beneficiary or beneficiaries. If more than one beneficiary in a class survives the Insured's death, they will share the Death Proceeds equally, unless your beneficiary designation provides otherwise. We will pay the Death Proceeds to you or your estate if there is no surviving designated beneficiary.

ASSIGNMENT

You may assign your policy as security by giving us notice. Unless you state otherwise, the assignment will take effect on the date you sign the notice, subject to any payments or actions we take prior to receipt of your notice at our Customer Service Center. The rights of the Owner and beneficiaries are subject to the assignment. We are not liable for the validity of any assignment.

INCONTESTABILITY

After your policy has been in force during the lifetime of the Insured for 1 year from the Issue Date, we will not contest it except for nonpayment of premium. We will base any contest only on statements made in your application for your policy; and the statements must be material to the risk accepted or the hazard assumed by us. Notwithstanding the above, we may contest your policy at any time if it was procured by fraud, as permitted by the law of the state in which your policy was delivered.

MISSTATEMENT OF AGE OR GENDER

We will adjust the death benefit if the Insured's Age or gender has been misstated. Notwithstanding the Incontestability section, the death benefit will be that which the Total Initial Premium would have purchased at the Insured's correct Age and gender.

SUICIDE EXCLUSION

If the Insured commits suicide, while sane or insane, while the policy is in force, we will make a limited payment to the beneficiary. We will pay in one lump sum the amount of all premium paid to us for your policy. Coverage under your policy will then terminate.

TERMINATION

Your policy will terminate and all rights of the Owner under your policy will end upon the earliest of the following dates:

- a. The date of death of the Insured;
- b. The Ending Date; and
- c. The date we receive notice of your written request to terminate your policy.

ING CUSTOMER SERVICE CENTER

The ING Customer Service Center is located at P.O. Box 5065, Minot, ND 58702-5065. For overnight delivery, the address is 2000 21st Ave NW, Minot, ND 58703-0890. Unless we give you notice otherwise, you should send all notices and requests to our Customer Service Center.

GRACE PERIOD

Because there is no premium due after the Total Initial Premium, your policy does not have a grace period.

REINSTATEMENT

Your policy cannot be reinstated if it has been cancelled.

RENEWABILITY

Your policy cannot be renewed.

SETTLEMENT OPTIONS PROVISIONS

SETTLEMENT OPTION SELECTION

A Settlement Option provides for payment of Death Proceeds in other than a lump sum. You may select a Settlement Option by giving us notice before the death of the Insured. If you have not selected a Settlement Option, the beneficiary may give us notice within 60 days after we receive due proof of the death claim. You may not name a payee that is not a natural person without our consent.

SETTLEMENT OPTIONS

- a. Settlement Option I:
Payouts for a Designated Period. Based on your selection, we will pay annual, semi-annual, quarterly or monthly installments per year for a designated period that may be 5 to 30 years. The installment dollar amounts will be equal except for any excess interest as described below. The amount of the first monthly payout for each \$1,000 of proceeds applied is in Settlement Table I.
- b. Settlement Option II:
Life Income with Payouts for a Designated Period. Based on your selection, we will pay annual, semi-annual, quarterly or monthly installments per year throughout the payee's lifetime, or if longer, for a period of 5, 10, 15 or 20 years. The installment dollar amounts will be equal except for any excess interest as described below. The amount of the first monthly payout for each \$1,000 of proceeds applied is in Settlement Option Table II. This Settlement Option is available only for ages shown in the table. Payouts for Settlement Option II will be determined by using the 2000 Individual Annuitant Mortality Table for the appropriate gender at 1.5% interest annually.
- c. Settlement Option III:
Hold at Interest. You may leave amounts on deposit with us that we will pay on the death of the payee, or at any earlier date you select. Interest on any unpaid balance will be at the rate declared by us or at any higher rate required by law. You select whether interest will be left on deposit with us and accumulated or paid in monthly, quarterly, semi-annual or annual payments each year. You may not leave any amount on deposit for more than 30 years.
- d. Settlement Option IV:
Payouts of a Designated Amount. Based on your selection, we will pay a designated amount in annual, semi-annual, quarterly or monthly equal installments per year until the proceeds, together with interest at the rate declared by us or at any higher rate required by law, are exhausted.
- e. Settlement Option V:
Other. Settlement may be made in any other manner as agreed in writing between you (or the beneficiary) and us.

SETTLEMENT OPTION CHANGES AND WITHDRAWALS

You may change any Settlement Option at any time before the death of the Insured. If you have given the beneficiary the right to make changes, or if the beneficiary has selected the Settlement Option, the beneficiary (as primary payee) may take the following actions:

- a. Make a change from Settlement Options I, III, and IV to another Settlement Option;
- b. Take a full withdrawal under Settlement Option III or IV; and partial withdrawals of not less than \$300 under Settlement Option III;
- c. Commute and receive in one sum any remaining installments under Settlement Option I at 1.5% interest annually; and
- d. Change any contingent payee designation.

You may give us notice requesting a change or withdrawal. We may require that you send in the supplementary policy or provide proof of your lost policy. We may defer payment of a commuted payment and any withdrawals for a period up to 6 months.

SETTLEMENT OPTION EXCESS INTEREST

We may declare an interest rate above the guaranteed rate on Settlement Options I, II, III and IV. The crediting of excess interest for one period does not guarantee the higher rate for other periods.

SETTLEMENT OPTION MINIMUM AMOUNTS

The minimum amount you may apply under any Settlement Option is \$2,000. If the payments to the payee are ever less than \$20, we may change the frequency of payments to result in payments of at least that amount.

SUPPLEMENTARY POLICY

When a Settlement Option becomes effective, we will surrender your policy in exchange for a supplementary policy. It will provide for the manner of settlement and rights of the payees. The supplementary policy's effective date will be the date of the Insured's death. The first payment under Settlement Options I, II, and IV will be payable as of the effective date. The first interest payment under Settlement Option III will be made as of the end of the interest payment period selected. We will make subsequent payments in accordance with the frequency of payment selected. You may not assign the supplementary policy or payments without our consent.

INCOME PROTECTION

Unless otherwise provided in the selection, a payee does not have the right to commute, transfer or encumber amounts held or installments to become payable. To the extent provided by law, the proceeds, retained amounts and installments are not subject to any payee's debts, policies or engagements.

DEATH OF PRIMARY PAYEE

On the primary payee's death, we will continue any payments certain under Settlement Option I or II, interest payments under Settlement Option III, or payments under Settlement Option IV to the contingent payee, or release any amounts in one lump sum, if permitted by your policy. The final payee will be the estate of the last to die of the primary payee and any contingent payee.

PAYMENTS OTHER THAN MONTHLY

The tables that follow show monthly installments for Settlement Options I and II. To arrive at annual, semi-annual or quarterly payments, multiply the appropriate figures by 11.813, 5.957 or 2.991 respectively. We will provide factors for other periods certain, or for other options provided by mutual agreement, on reasonable request.

SETTLEMENT OPTION TABLES

SETTLEMENT OPTION TABLE I
(Per \$1,000 of proceeds)

No. of Years Payable	Monthly Installment	No. of Years Payable	Monthly Installment
5	\$17.28	18	\$5.27
6	\$14.51	19	\$5.03
7	\$12.53	20	\$4.81
8	\$11.04	21	\$4.62
9	\$9.89	22	\$4.44
10	\$8.96	23	\$4.28
11	\$8.21	24	\$4.13
12	\$7.58	25	\$3.99
13	\$7.05	26	\$3.86
14	\$6.59	27	\$3.75
15	\$6.20	28	\$3.64
16	\$5.85	29	\$3.54
17	\$5.55	30	\$3.44

We base these monthly installments on an interest rate of 1.5% per year.

SETTLEMENT OPTION TABLES (CONTINUED)

SETTLEMENT OPTION TABLE II

Female

(Per \$1,000 of proceeds)

Age of Payee's Nearest Birthday When First Installment is Payable	Monthly Installment				Age of Payee's Nearest Birthday When First Installment is Payable	Monthly Installment			
Female	Life With 5 Years Certain	Life With 10 Years Certain	Life With 15 Years Certain	Life With 20 Years Certain	Female	Life With 5 Years Certain	Life With 10 Years Certain	Life With 15 Years Certain	Life With 20 Years Certain
15	1.92	1.92	1.92	1.92	41	2.57	2.56	2.56	2.55
16	1.94	1.94	1.94	1.94	42	2.61	2.60	2.60	2.59
17	1.95	1.95	1.95	1.95	43	2.65	2.64	2.64	2.63
18	1.97	1.97	1.97	1.97	44	2.69	2.69	2.68	2.67
19	1.99	1.99	1.99	1.99	45	2.74	2.73	2.73	2.71
20	2.01	2.01	2.01	2.00	46	2.79	2.78	2.77	2.76
21	2.02	2.02	2.02	2.02	47	2.84	2.83	2.82	2.80
22	2.04	2.04	2.04	2.04	48	2.89	2.88	2.87	2.85
23	2.06	2.06	2.06	2.06	49	2.94	2.94	2.92	2.90
24	2.08	2.08	2.08	2.08	50	3.00	2.99	2.98	2.95
25	2.10	2.10	2.10	2.10	51	3.06	3.05	3.03	3.00
26	2.13	2.12	2.12	2.12	52	3.12	3.11	3.09	3.06
27	2.15	2.15	2.15	2.14	53	3.19	3.18	3.16	3.12
28	2.17	2.17	2.17	2.17	54	3.26	3.25	3.22	3.18
29	2.19	2.19	2.19	2.19	55	3.33	3.32	3.29	3.24
30	2.22	2.22	2.22	2.21	56	3.41	3.39	3.36	3.30
31	2.25	2.24	2.24	2.24	57	3.49	3.47	3.43	3.37
32	2.27	2.27	2.27	2.27	58	3.58	3.56	3.51	3.44
33	2.30	2.30	2.30	2.29	59	3.67	3.65	3.59	3.51
34	2.33	2.33	2.32	2.32	60	3.77	3.74	3.68	3.58
35	2.36	2.36	2.35	2.35	61	3.87	3.84	3.77	3.66
36	2.39	2.39	2.39	2.38	62	3.98	3.94	3.86	3.73
37	2.42	2.42	2.42	2.41	63	4.10	4.05	3.96	3.81
38	2.46	2.45	2.45	2.44	64	4.22	4.16	4.06	3.88
39	2.49	2.49	2.49	2.48	65	4.35	4.29	4.16	3.96
40	2.53	2.53	2.52	2.51	66	4.49	4.42	4.27	4.04

We will provide monthly installments for ages not shown on request.

We base these monthly installments on the 2000 Individual Annuitant Mortality Table and an interest rate of 1.5% per year.

SETTLEMENT OPTION TABLES (CONTINUED)

SETTLEMENT OPTION TABLE II
Female (Continued)
 (Per \$1,000 of proceeds)

Age of Payee's Nearest Birthday When First Installment is Payable	Monthly Installment			
	Female	Life With 5 Years Certain	Life With 10 Years Certain	Life With 15 Years Certain
67	4.64	4.55	4.38	4.11
68	4.80	4.69	4.49	4.19
69	4.97	4.85	4.61	4.26
70	5.15	5.00	4.73	4.33
71	5.35	5.17	4.85	4.39
72	5.56	5.35	4.97	4.45
73	5.78	5.53	5.09	4.51
74	6.03	5.72	5.20	4.56
75	6.28	5.92	5.31	4.60
76	6.56	6.12	5.42	4.64
77	6.85	6.32	5.52	4.68
78	7.17	6.53	5.62	4.70
79	7.50	6.74	5.70	4.73
80	7.86	6.95	5.78	4.75
81	8.23	7.15	5.85	4.76
82	8.63	7.35	5.91	4.78
83	9.04	7.54	5.97	4.79
84	9.47	7.71	6.01	4.80
85	9.91	7.88	6.05	4.80
86	10.36	8.03	6.08	4.81
87	10.82	8.17	6.11	4.81
88	11.28	8.29	6.13	4.81
89	11.73	8.40	6.15	4.81
90	12.17	8.50	6.16	4.81

We will provide monthly installments for ages not shown on request.

We base these monthly installments on the 2000 Individual Annuitant Mortality Table and an interest rate of 1.5% per year.

SETTLEMENT OPTION TABLES (CONTINUED)

SETTLEMENT OPTION TABLE II

Male

(Per \$1,000 of proceeds)

Age of Payee's Nearest Birthday When First Installment is Payable	Monthly Installment				Age of Payee's Nearest Birthday When First Installment is Payable	Monthly Installment			
	Life With 5 Years Certain	Life With 10 Years Certain	Life With 15 Years Certain	Life With 20 Years Certain		Life With 5 Years Certain	Life With 10 Years Certain	Life With 15 Years Certain	Life With 20 Years Certain
15	1.99	1.99	1.99	1.99	41	2.73	2.73	2.72	2.70
16	2.01	2.01	2.01	2.01	42	2.78	2.78	2.76	2.74
17	2.03	2.03	2.03	2.03	43	2.83	2.82	2.81	2.79
18	2.05	2.05	2.05	2.04	44	2.88	2.87	2.86	2.83
19	2.07	2.07	2.07	2.06	45	2.93	2.93	2.91	2.88
20	2.09	2.09	2.09	2.08	46	2.99	2.98	2.96	2.93
21	2.11	2.11	2.11	2.10	47	3.05	3.04	3.02	2.98
22	2.13	2.13	2.13	2.12	48	3.11	3.10	3.07	3.03
23	2.15	2.15	2.15	2.15	49	3.17	3.16	3.13	3.09
24	2.17	2.17	2.17	2.17	50	3.24	3.22	3.19	3.14
25	2.20	2.20	2.19	2.19	51	3.31	3.29	3.26	3.20
26	2.22	2.22	2.22	2.22	52	3.38	3.36	3.32	3.26
27	2.25	2.25	2.24	2.24	53	3.46	3.44	3.39	3.32
28	2.27	2.27	2.27	2.27	54	3.54	3.52	3.47	3.39
29	2.30	2.30	2.30	2.29	55	3.63	3.60	3.54	3.45
30	2.33	2.33	2.33	2.32	56	3.72	3.68	3.62	3.52
31	2.36	2.36	2.35	2.35	57	3.81	3.77	3.70	3.58
32	2.39	2.39	2.38	2.38	58	3.91	3.87	3.79	3.65
33	2.42	2.42	2.42	2.41	59	4.02	3.97	3.87	3.72
34	2.46	2.45	2.45	2.44	60	4.13	4.08	3.97	3.79
35	2.49	2.49	2.48	2.47	61	4.25	4.19	4.06	3.86
36	2.53	2.52	2.52	2.51	62	4.38	4.30	4.16	3.93
37	2.56	2.56	2.56	2.54	63	4.52	4.43	4.26	4.01
38	2.60	2.60	2.59	2.58	64	4.66	4.56	4.36	4.07
39	2.65	2.64	2.63	2.62	65	4.82	4.69	4.46	4.14
40	2.69	2.68	2.68	2.66					

We will provide monthly installments for ages not shown on request.

We base these monthly installments on the 2000 Individual Annuitant Mortality Table and an interest rate of 1.5% per year.

SETTLEMENT OPTION TABLES (CONTINUED)

SETTLEMENT OPTION TABLE II
Male (Continued)
 (Per \$1,000 of proceeds)

Age of Payee's Nearest Birthday When First Installment is Payable	Monthly Installment			
	Life With 5 Years Certain	Life With 10 Years Certain	Life With 15 Years Certain	Life With 20 Years Certain
66	4.98	4.83	4.57	4.21
67	5.15	4.98	4.68	4.27
68	5.34	5.13	4.78	4.33
69	5.53	5.29	4.89	4.39
70	5.74	5.45	5.00	4.45
71	5.95	5.62	5.10	4.50
72	6.18	5.80	5.21	4.54
73	6.42	5.97	5.31	4.58
74	6.68	6.15	5.40	4.62
75	6.95	6.33	5.49	4.66
76	7.23	6.52	5.58	4.68
77	7.53	6.70	5.66	4.71
78	7.85	6.88	5.73	4.73
79	8.17	7.06	5.80	4.75
80	8.52	7.24	5.86	4.76
81	8.87	7.41	5.92	4.78
82	9.24	7.57	5.97	4.79
83	9.62	7.73	6.01	4.80
84	10.01	7.88	6.05	4.80
85	10.41	8.02	6.08	4.81
86	10.81	8.14	6.10	4.81
87	11.22	8.26	6.13	4.81
88	11.63	8.37	6.14	4.81
89	12.04	8.47	6.16	4.81
90	12.45	8.55	6.17	4.81

We will provide monthly installments for ages not shown on request.

We base these monthly installments on the 2000 Individual Annuitant Mortality Table and an interest rate of 1.5% per year.

**YOUR POLICY IS A ONE YEAR NON-RENEWABLE TERM LIFE INSURANCE POLICY, WITH AN
EXCHANGE OPTION TO AGE 70.**

YOUR POLICY IS NONPARTICIPATING AND IS NOT ELIGIBLE FOR DIVIDENDS.

The Death Proceeds are payable if the Insured dies while your policy is in force. You should give us notice of the Insured's death when it occurs.

**TO MAKE A CLAIM OR EXERCISE YOUR RIGHTS UNDER YOUR POLICY, PLEASE CONTACT OUR
CUSTOMER SERVICE CENTER AT THE ADDRESS BELOW AND INCLUDE YOUR POLICY
NUMBER:**

SECURITY LIFE OF DENVER INSURANCE COMPANY

**Home Office
Denver, Colorado**

ING Customer Service Center
P.O. Box 5065
Minot, North Dakota 58702-5065
Toll Free Number: 1-877-253-5050


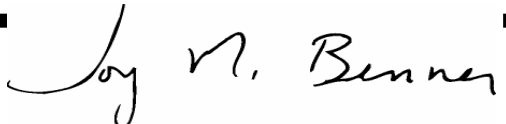
**UNISEX ENDORSEMENT
(2001 CS0)**

This endorsement is part of the policy to which it is attached, and all provisions of your policy apply to this endorsement except where inconsistent with this endorsement.

- a. Any reference in your policy to the gender of the Insured(s) will be ignored except for the purpose of identification.
- b. The Settlement Table II (Male) in your policy is deleted. Settlement Option Table II (Female) in your policy is renamed to Settlement Option Table II (Unisex), and is based on the 2000 Individual Annuitant Mortality Table, Female, irrespective of the gender of the annuitant.

Signed for the Company at Denver, Colorado

SECURITY LIFE OF DENVER INSURANCE COMPANY

 Donald W. Britton President	 Joy M. Benner Secretary
---------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------

<i>SERFF Tracking Number:</i>	<i>DENV-125855202</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Security Life of Denver Insurance Company</i>	<i>State Tracking Number:</i>	<i>41055</i>
<i>Company Tracking Number:</i>	<i>1311</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.203 Specified Age or Duration - Single Premium - Single Life</i>
<i>Product Name:</i>	<i>1311 One Year Term Insurance Policy</i>		
<i>Project Name/Number:</i>	<i>1311/1311</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	DENV-125855202	State:	Arkansas
Filing Company:	Security Life of Denver Insurance Company	State Tracking Number:	41055
Company Tracking Number:	1311		
TOI:	L04I Individual Life - Term	Sub-TOI:	L04I.203 Specified Age or Duration - Single Premium - Single Life
Product Name:	1311 One Year Term Insurance Policy		
Project Name/Number:	1311/1311		

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 10/13/2008

Comments:

Attachments:

AR Certification Reg and Rule 19 and 49.pdf
AR Guaranty Assoc Notice 115512_AR_12032007.pdf
AR Consumer Notice 125638_06062006.pdf
AR Readability Cert.pdf

Review Status:

Satisfied -Name: Application 10/13/2008

Comments:

Attachment:

135400 - Application (NA).pdf

Review Status:

Satisfied -Name: Statement of Variability 12/04/2008

Comments:

Attachment:

1311 Statement of Variability.pdf

ARKANSAS CERTIFICATION

As an officer of Security Life of Denver Insurance Company, I certify that this submission meet the provisions of Regulation 19 (unfair sex discrimination in the sale of life insurance), Regulation 49 (guaranty association notice) and all applicable requirements of the Arkansas Insurance Department.

FORM #

1311-01/09

E-1433-01/09

DESCRIPTION

One Year Non-Renewable Term Life Insurance Policy

Unisex Endorsement

Signed



Terry Stumpf
Assistant Secretary

Date:

December 1, 2008

LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of this Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in the state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

**The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol, Suite 2
Little Rock, Arkansas 72201**

**Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904**

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity, or health insurance contract or policy, or if they are insured under a group insurance contract, issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However persons holding such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contract holders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC")(whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliated benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.



RELIASTAR LIFE INSURANCE COMPANY

**RELIASTAR LIFE INSURANCE COMPANY
Administrative Office
2000 21st Avenue NW
Minot, North Dakota 58703-0890**

**NOTICE TO POLICYHOLDERS
KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS**

As our policyholder, your satisfaction is very important to us. If you have a question about your policy, if you need assistance with a problem, or if you have a claim, you should first contact your insurance agent or us at:

877-882-5050

Should you have a valid claim, we fully expect to provide a fair settlement in a timely fashion.

Should you feel you are not being treated fairly with respect to a claim, you may contact the Arkansas Department of Insurance with your complaint. To contact the Department, write or call:

**ARKANSAS INSURANCE DEPARTMENT
Consumer Services Division
1200 West Third Street
Little Rock, Arkansas 72201-1904**

Phone: 800-852-5494

Security Life of Denver Insurance Company

CERTIFICATION

This is to certify that the attached forms have achieved a Flesch Reading Ease Score as shown below and complies with the requirements of Ark. Stat. Ann. §23-80-201 through §23-80-208, cited as the Life and Disability Insurance Policy Simplification Act.

<u>Form No.</u>	<u>Description</u>	<u>Score</u>
1311-01/09	One Year Non-Renewable Term Life Insurance Policy	50.0
E-1433-01/09	Unisex Endorsement	50.0 with the policy

Signed



Terry Stumpf
Assistant Secretary

Date: December 1, 2008

APPLICATION**PART I - A. PRODUCT INFORMATION**

1. Select One: ☐ ReliaStar Life Insurance Company, Home Office: Minneapolis, MN
☐ Security Life of Denver Insurance Company, Home Office: Denver, CO
2. Product Requested _____
3. Product Type: ☐ Fixed ☐ Variable (If applying for a variable life insurance policy, the Owner must receive a current prospectus and a Fund Allocation form must be completed. **THE DEATH BENEFIT MAY BE VARIABLE OR FIXED UNDER SPECIFIED CONDITIONS, AND THE CASH VALUES MAY INCREASE OR DECREASE IN ACCORDANCE WITH THE EXPERIENCE OF THE SEPARATE ACCOUNTS.**)
4. Base Coverage: \$ _____
 (Not including Term Riders - See Section B for Adjustable Term Insurance Rider.)
5. Death Benefit Option: (If no option is selected, option will default to A.)
☐ A or 1 - Level ☐ B or 2 - Increasing or Variable
☐ C or 3 - Face Amount + Premium ☐ D or 4 - Face Amount + Premium + Interest \$ _____
6. Death Benefit Qualification Test: (If no option is selected, option will default to Guideline Premium Test.)
☐ Guideline Premium Test ☐ Cash Value Accumulation Test
7. Is the insurance for a tax-qualified, pension, profit sharing or defined contribution ERISA plan or a VEBA or welfare benefit arrangement? (If "Yes", complete Section C Appendix A.) ☐ Yes ☐ No
8. Is the insurance employer sponsored?..... ☐ Yes ☐ No
9. Please list all applications that are concurrently being submitted to ING for the Insured's family members or business partners.

PART I - B. RIDER INFORMATION

Check appropriate box and enter amounts. (NOT ALL RIDERS ARE AVAILABLE WITH ALL PRODUCTS OR IN ALL STATES.)

Signed illustration is required for permanent products.

- | | |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Accelerated Benefit Rider/"Living" Benefit Rider | <input type="checkbox"/> Children's Insurance Rider |
| <input type="checkbox"/> Waiver of Premium (Term Only) | (Complete Children's Insurance Rider Application)\$ _____ |
| <input type="checkbox"/> Waiver of Monthly Deduction or Cost of Insurance Rider | <input type="checkbox"/> Guaranteed Death Benefit Rider |
| <input type="checkbox"/> Waiver of Specified Premium Rider | <input type="checkbox"/> Lifetime <input type="checkbox"/> 20-Year <input type="checkbox"/> To age 65 or 20 years, if later |
| (Specify monthly premium - illustration required) \$ _____ | <input type="checkbox"/> Term Rider (Specify) _____ \$ _____ |
| <input type="checkbox"/> Additional Insured Rider (on Primary Insured) | <input type="checkbox"/> Adjustable Term Insurance Rider |
| <input type="checkbox"/> Other Insured Rider (on Proposed Other Insured)\$ _____ | (Specify Target Death Benefit) _____ \$ _____ |
| <input type="checkbox"/> Accidental Death Benefit Rider \$ _____ | <input type="checkbox"/> Other _____ \$ _____ |
| <input type="checkbox"/> Joint Additional Insured Rider \$ _____ | |

PART I - C. PROPOSED PRIMARY INSURED INFORMATION

1. First Name _____ MI _____ Last Name _____
2. Date of Birth _____ Sex ☐ M ☐ F SSN _____ Birth State/Country _____
3. Residence Address _____
 (P.O. Boxes are not permitted, other than APO/FPO) City _____ State _____ ZIP _____
4. Telephone Number _____
5. Are you a U.S. Citizen? (If "No", complete the Foreign Travel and Residence Questionnaire.) ☐ Yes ☐ No
6. Occupation/Duties _____

7. Employer _____
8. Do you currently use or have you ever used tobacco or nicotine products in any form? (e.g., cigarettes, cigars, pipes, chewing tobacco, nicotine gum, or nicotine patches).....☐ Yes ☐ No
- If "Yes", indicate Type _____ Amount & Frequency _____ Month/Year Last Used _____
9. Driver's License Number/State: _____
- (If you do not have one, then provide government photo ID #, issuer and expiration date.)

PART I - D. PROPOSED OTHER INSURED INFORMATION

1. First Name _____ MI _____ Last Name _____
2. Date of Birth _____ Sex ☐ M ☐ F SSN _____ Birth State/Country _____
3. Residence Address _____
- (P.O. Boxes are not permitted, other than APO/FPO) City State ZIP
4. Telephone Number _____
5. Are you a U.S. Citizen? (If "No", complete the Foreign Travel and Residence Questionnaire.)☐ Yes ☐ No
6. Occupation/Duties _____
7. Employer _____
8. Do you currently use or have you ever used tobacco or nicotine products in any form? (e.g., cigarettes, cigars, pipes, chewing tobacco, nicotine gum, or nicotine patches) ☐ Yes ☐ No
- If "Yes", indicate Type _____ Amount & Frequency _____ Month/Year Last Used _____
9. Driver's License Number/State: _____
- (If you do not have one, then provide government photo ID #, issuer and expiration date.)

PART I - E. PERSONAL HISTORY

Questions 1-7 must be completed for all Proposed Insureds.

	Proposed Insured		Proposed Other Insured	
	Yes	No	Yes	No
1. Are you, or do you intend to become a member of the armed forces, including the Reserves, or on alert? (If "Yes", complete Military Questionnaire.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you intend to travel or reside outside the United States or Canada? (If "Yes", complete the Foreign Travel and Residence Questionnaire.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you in the last five years made or do you anticipate making flights in an aircraft OTHER than as a passenger on a scheduled airline? (If "Yes", complete the Aviation Questionnaire.).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you participate in hang-gliding, soaring, sky-diving, ballooning, skin or scuba diving, mountain climbing, competitive skiing, rodeos, or any other hazardous sports or activities? (If "Yes", complete appropriate questionnaire.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you race, test or stunt drive automobiles, motorcycles, motor boats, or jet powered vehicles, or do you use or race snowmobiles, dirt bikes, dune buggies, etc.? (If "Yes", complete Motorized Vehicle/Powerboat Questionnaire.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Except for traffic violations, have you been convicted in a criminal proceeding or been the subject of a pending criminal proceeding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you in the last five years had any motor vehicle accidents, alcohol or drug related convictions, or other moving violations while operating a motor vehicle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For any "Yes" answer to questions 6-7, please record information in the chart below.

Ques. #	Person	Explanation

PART I - F. BENEFICIARY INFORMATION

Unless otherwise stated, the beneficiary designation is revocable and beneficiaries of like class shall share rights of survivorship equally. If Trust or Corporation, provide name and date of trust agreement and state of incorporation. Percentages must total 100%, using whole percentages only. If additional space is needed, use Section R.

1. Is the Beneficiary a Trust? ☐ Yes ☐ No

2. Name of Trust _____ Date of Trust _____ State of Incorporation _____

	Name (First, MI, Last)	DOB	SSN	Relationship	%	Beneficiary Type
Proposed Primary Insured						<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
						<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
						<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
						<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
Proposed Other Insured						<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
						<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
						<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
						<input type="checkbox"/> Primary <input type="checkbox"/> Contingent

PART I - G. PROPOSED OWNER/TRUST/CORPORATION INFORMATION

If Proposed Owner is a Trust or Corporation, provide first and last pages of the Trust document, including signatures.

1. Full Name of Owner/Trust/Corporation _____

2. Owner's Relationship to Proposed Primary Insured _____

3. Owner's Date of Birth _____ Owner's Phone Number _____ Owner's SSN _____

4. Owner's Address _____
(P.O. Boxes are not permitted other than APO/FPO) City State ZIP

5. Address of Trust/Corporation _____

6. Billing Address _____
(P.O. Boxes are not permitted other than APO/FPO) City State ZIP

7. Type of Government Issued ID (Driver's License/Passport) _____ Document Number _____
Issuing State or Country _____ Date of Issuance _____ Date of Expiration _____

8. Trust Contact Name _____ Tax ID _____ Date of Trust _____

9. Type of Trust: ☐ Revocable ☐ Irrevocable Purpose of the Trust _____

10. State of Incorporation _____ Name of Trustee/Corporate Officer _____

11. Does the above trustee have sole authority to act on behalf of the Trust? ☐ Yes ☐ No
(If "No", list the names & addresses of all trustees on a separate page, and obtain signatures from all trustees on the application.)

PART I - H. FINANCIAL DETAILS

1. Will the applicant accept this policy if it is a "Modified Endowment Contract" at issue? ☐ Yes ☐ No
2. Is the policy in accordance with your insurance objectives and your anticipated financial needs? ☐ Yes ☐ No
3. Do you believe you have the financial ability to continue making premium payments on this policy? ☐ Yes ☐ No
4. Have you or your company ever declared bankruptcy? (If "Yes", provide details including date discharged.) ☐ Yes ☐ No

5. Personal Insurance (For Personal Insurance complete questions 5-7; for Business Insurance complete questions 8-11.)

- ☐ Estate Liquidity ☐ Family Protection ☐ Tax Planning ☐ Retirement Planning ☐ Cash Accumulation
- ☐ Other _____

6. Insured's Annual Earned Income _____ Annual Interest & Other Income _____

7. Total Assets _____ Total Liabilities _____ Total Net Worth _____

8. Business Insurance

- ☐ Buy/Sell ☐ Key Person ☐ Other _____

9. Total Assets _____ Total Liabilities _____ Total Net Worth _____

10. Net Profit After Taxes for Past Two Years: Last Year _____ Previous Year _____

11.	Name of Owner	Title	Amount of Business Coverage in force	Percentage of Ownership	Active in Business?

PART I - I. IN FORCE/REPLACEMENT INFORMATION

Questions 1-3 must be completed for each

Proposed Insured/Other Insured/Owner.

- | | Proposed Insured | | Proposed Other Insured | | Proposed Owner | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | Yes | No | Yes | No |
| 1. Do you currently have life insurance in force or applied for? (If "Yes", provide details below. Complete state required replacement form for Model Replacement Regulation States ONLY.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? (If "Yes", complete state required replacement form and provide details below.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? (If "Yes", complete state required replacement form and provide details below.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Name of Insured	Insurance Company (Do not include group policies.)	Policy Number	Amount	Date Issued

4. Is this insurance intended to be a tax free or 1035 Exchange? (1035 not available on term insurance) ☐ Yes ☐ No

5. If "Yes", will a policy loan be carried over? ☐ Yes ☐ No

PART I - J. PAYMENT INFORMATION

1. Special Dating Request: ☐ Date to Save Age ☐ Specific Date Month _____ Day _____ Year _____
(Other than the 29th, 30th, or 31st.)

2. Initial Payment: ☐ Check ☐ COD ☐ 1035 Exchange ☐ ING Internal or Affiliated Exchange/Surrender

3. Mode of Payment: ☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ Monthly (Complete EFT form-Appendix E.)

☐ Military Allotment (Active or retired military members must complete Military Allotment form and return to the Military finance department.)

☐ Civil Service Allotment (Federal Civil Service Application Checklist, Bank Allotment Authority, and Employer 1199 for Direct Deposit must be completed.)

4. Initial Payment Amount \$ _____ Planned/Scheduled/Modal Payment \$ _____

PART I - K. MEDICAL TRANSFER STATEMENT**Complete when submitting medical examinations of another insurance company.**

1. Name of Insurance Company _____ 2. Date of Examination _____
- | | Proposed Insured | | Proposed Other Insured | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | Yes | No |
| 3. To the best of your knowledge and belief, are the statements in the examination true and complete today? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you consulted a medical doctor or other practitioner since the examination indicated in question 1 above? (If "Yes", complete Part II - Medical Declarations.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PART I - L. LIST BILL INFORMATION (For Employer-Sponsored Plans ONLY)

For a new List Bill Plan, please contact the List Bill Department at 877-886-5050.

1. List Bill/File Code # (if plan already exists) _____
2. Employer Plan Name (if plan already exists) _____
3. Telephone Number _____
4. Address _____
- | Street Address | City | State | ZIP |
|----------------|------|-------|-----|
|----------------|------|-------|-----|

PART I - M. AUTOMATIC TELEPHONE PRIVILEGES (Complete for Variable Products ONLY)

I understand that unless I decline, telephone privileges are automatically provided to me, my agent/registered representative, and his/her assistant. Telephone privileges allow an authorized person to call the Company to perform certain transactions as specified in the current prospectus. The Company may use procedures to ensure instructions received by telephone are genuine, such as requiring forms of personal identification and tape recording phone calls. The Company and its distributor will not be liable for any loss, damage, costs or expenses incurred in acting on telephone instructions reasonably believed to be authentic. I understand that if I do not want to authorize telephone privileges, I must indicate below. I also understand that once granted, such privileges can be revoked only upon receipt of signed, written instructions at the Company.

- ☐ I do not want telephone privileges.
- ☐ I do not want telephone privileges granted to my agent/registered representative and his/her assistant.

PART I - N. SUITABILITY/NEEDS ANALYSIS (Proposed Owner to complete for Variable Products ONLY)

1. Have you received a current prospectus including supplements for the variable life insurance policy and each of the Variable Account Investment Options? ☐ Yes ☐ No

Provide date of policy prospectus/supplement _____

2. Do you understand that: The amount or duration of the policy death benefit may vary under specified conditions; Policy values may increase or decrease with the investment experience of the investment options; Policy values may also increase with the interest credited in the Guaranteed Interest Division; The amount payable at the final policy date is not guaranteed, but is dependent on the account value and amounts owed under the policy at that time? ☐ Yes ☐ No
3. Do you understand that the fluctuation in values under the policy means that scheduled premium payments may not be sufficient to keep the policy in force in the event of market declines? ☐ Yes ☐ No
4. Do you understand that personalized illustrations are based on hypothetical rates of return which may not be indicative of future investment experience or of actual interest credited in the Guaranteed Interest Division? ☐ Yes ☐ No

PART I - O. REPLACEMENT VERIFICATION (For Agent use ONLY)

1. To the best of your knowledge and belief, will any existing life or annuity coverage be replaced, lapsed, surrendered, or borrowed against? (If "Yes", submit state required replacement forms.) ☐ Yes ☐ No
- a. Is the applicant considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer or otherwise terminating their existing policy or contract? (If "Yes", complete state required replacement form and provide details below.) ☐ Yes ☐ No
- b. Is the applicant considering using funds from their existing policies or contracts to pay premiums due on the new policy or contract? (If "Yes", complete state required replacement form.) ☐ Yes ☐ No

Company _____ Policy # _____ Amount _____

PART I - P. IMPORTANT INFORMATION

To help the government fight the funding for terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you apply for life insurance, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

If you wish to have a more detailed explanation of our information practices, please write to us at: Individual Life Underwriting, ReliaStar Life Insurance Company, Home Office: Minneapolis, MN, Administrative Office, ING Service Center, P.O. Box 5075, Minot, ND, 58702-5075 or Individual Life Underwriting, Security Life of Denver Insurance Company, Home Office: Denver, CO, Administrative Office, ING Service Center, P.O. Box 5065, Minot, ND, 58702-5065.

Notice to Applicants Regarding Policy Dating Procedures:

Your policy will be dated either on the date that it is issued or on a date that you specifically request. Within certain limits, you may choose a date that is before or after the date of your application. The policy date governs many of the duties and obligations under this policy including when renewal premiums are due. If the policy date is prior to the in force date, premiums will be based on the policy date.

There are a number of reasons why you might request a specific policy date, such as:

- To obtain a lower premium if a date before the date of issue would result in a lower insurance age.
- To obtain a savings in premium by selecting a future policy date, since premiums are billed from the policy date.
- To coincide with other elements of an estate plan.
- To provide a preselected convenient date as the due date for premiums.

Policy dating for applicants who pay the premium when the policy is delivered or who are required to pay additional premium upon delivery only:

You may decide at the time of policy delivery to change the date of your policy to the delivery date. The Policy Delivery Receipt included with your policy will contain instructions for changing the policy date to the delivery date. Changing the policy date to the date of delivery may result in an increase in your premium as a result of a change in insurance age. If so, you will be notified by the Company and you may then decide not to have the policy redated.

The Company does not accept premium payments or loan repayments using money orders for amounts over \$5000.00 and may reject payments made by cashier's checks, bank drafts, bank checks and treasurer's checks. All premium checks must be made payable to ReliaStar Life Insurance Company or Security Life of Denver Insurance Company.

PART I - Q. STATE REQUIRED NOTICES

For Applicants in Arkansas, District of Columbia, Hawaii, Louisiana, Maine, New Mexico, Oklahoma, Pennsylvania, Tennessee, and Virginia:

Any person who knowingly and with intent to injure, defraud or deceive any insurance company, submits an application for insurance containing any materially false, incomplete, or misleading information, or conceals for the purpose of misleading, any material fact, is guilty of insurance fraud, which is a crime and in certain states, a felony. Penalties may include imprisonment, fine, denial of benefits, or civil damages.

The laws of the following states require that we provide these notices:

COLORADO:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FLORIDA:

Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

KENTUCKY:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NEW JERSEY:

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

OHIO:

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

This page must be given to the Proposed Insured.

PART I - R. NOTES

Use this space to provide any additional details to questions answered throughout the application. Please understand that if you provide the Company with information on this page it will be considered part of your Application for Life Insurance.

[illegible]

PART I - S. AUTHORIZATION AND ACKNOWLEDGEMENT

The undersigned Proposed Insured(s) declares: By completing this life insurance application, I understand that I am applying for life insurance coverage which may be issued by one or more of the ING life companies. These include ReliaStar Life Insurance Company or Security Life of Denver Insurance Company, referred to individually or collectively as the "Company." I understand and consent that this application and information obtained pursuant to this authorization may be used by the Company to evaluate my eligibility for life insurance. For underwriting and claims purposes, I authorize any physician, medical practitioner, hospital, clinic or medically related facility, insurance or reinsuring company, Medical Information Bureau, Inc. ("MIB"), any consumer reporting agency, or any other organization to release to the Company or their authorized representatives (including any consumer reporting agency) acting on their behalf, ALL INFORMATION requested by the Company about me and any minor children who are to be insured. This includes but is not limited to: Any medical information available as to diagnosis, treatment and prognosis with respect to any physical or mental condition and treatment of me or my minor children who are to be insured; Prescription drug records and related information maintained by physicians, pharmacy benefit managers and other sources; Any non-medical information about me or my minor children who are to be insured. By this authorization, each physician, medical practitioner, hospital, clinic or medically related facility contacted by the Company is instructed to provide the entire medical record in its possession concerning me or any minor children who are to be insured.

- I give my permission to the Company to collect consumer or investigative consumer reports about these same persons.
- I give my permission to the Company and other insurance companies affiliated with the Company to collect any and all medical record information for the purposes described in this form. I know that my medical records, including any alcohol or drug abuse information, may be protected by Federal Regulations - 42CFR Part 2. I may revoke this permission and authorization as it applies to any information protected by 42CFR Part 2 or by applicable state law at any time by mailing the written revocation to the Company at the address on the Consumer Privacy Notice, but not to the extent action has been taken. I understand that the release of medical records will not be requested with respect to tests performed to determine the presence of the Human Immunodeficiency Virus (HIV) antibody.

For any life insurance application or other insurance transaction that I may have with the Company, I specifically consent that some or all of the

information obtained by this authorization may be sent to MIB, reinsurers, the agent who solicited my application and his or her principals, employees or contractors who process transactions regarding any insurance coverage I may have applied for or have with the Company or affiliated companies. I understand the information obtained by use of the Authorization will be used by the Company to determine eligibility for insurance and eligibility for benefits under an existing policy.

- **I understand that I may request to be interviewed if an investigative consumer report is prepared. You may contact me between the hours of _____ am/pm and _____ am/pm. My daytime telephone number is (_____) _____.**
- **I know that I have a right to receive a copy of this form and a photocopy will be as valid as the original.**
- **This form will be valid for 24 months from the date shown below.**
- **I acknowledge receipt of the following notices: Notice Regarding Consumer Reports; Notice Regarding MIB; and Notice Regarding Information Practices.**

VERIFICATION:

Each of the undersigned also declares that:

- A. I have read the statements and answers given in this application and affirm that they are true and complete to the best of my knowledge and belief. I understand that the Company may seek to rescind or cancel the insurance coverage if there is any material misrepresentation.
- B. This application consists of Part I, Part II, and supplemental questionnaires, and will be the basis for any coverage issued on this application. Any coverage issued on this application will take effect only upon satisfaction of all of the Company's requirements, except as otherwise provided in the Conditional Receipt, if issued, with the same date as this application. Except where permitted expressly by statute or regulation, no agent or medical examiner has the authority to waive the answer to any question in the application, to pass on insurability, to make or alter any contract or waive any of the Company's rights or requirements. No change in the amount, classification, age at issue, plan of insurance or benefits on this application shall be effective unless agreed to in writing by the Proposed Insured and Owner.
- C. I certify, under penalty of perjury, that my Social Security/tax identification number(s) is(are) shown and is(are) correct and that I am not subject to back-up withholding.

All completed materials must be sent to the Administrative Office at: ING Service Center, 2000 21st Ave. NW, Minot, ND 58703

Signed at: (City/State) _____ Date _____

☒ Signature of Proposed Insured (if age 15 or older) _____ Date _____

☒ Signature of Proposed Other Insured _____ Date _____

☒ Signature of Proposed Owner (if other than the Insured) _____ Date _____

Print Proposed Owner's/Trustee's Name _____

☒ Signature of Parent or Guardian (if the Proposed Owner or the Proposed Primary Insured is a minor) _____

☒ Signature of Writing Agent/Registered Rep. _____

Writing Agent State Lic. # _____ Writing Agent/Registered Rep. # _____

Name of Agent/Registered Rep. _____

Agent State Lic. # _____ Agent/Registered Rep. # _____

Name of Agent/Registered Rep. _____

Agent State Lic. # _____ Agent/Registered Rep. # _____

SECURITY LIFE OF DENVER INSURANCE COMPANY

STATEMENT OF VARIABILITY FOR FORM
#1311-01/09

FORM #1311-01/09 (One Year Non-Renewable Term Insurance Policy):

1. Items on the Schedule that are issue-specific, such as the policy number, owner name, policy date, issue date, ending date, insured's name, issue age, gender, annual premium, and face amount.
2. Items on the Schedule pertaining to the rate scales (that could be changed for new issues only) such as the policy fee and total initial premium.
3. The company's addresses & phone number, as well as the officers' signatures, which may be changed to reflect current operations.

A limited filing would be made to advise the state of any change to rates for new issues.



Scott V Carney FSA, MAAA
Vice President

December 1, 2008

Date